

## **Welcome to the PIA for FY 2011!**

Congress passed the E-Government Act of 2002 to encourage the use of Web-based Internet applications or other information technology by Government agencies, with the intention of enhancing access to government information and services and increasing the effectiveness, efficiency, and quality of government operations.

To combat public concerns regarding the disclosure of private information, the E-Government Act mandated various measures, including the requirement that Federal agencies conduct a Privacy Impact Assessment (PIA) for projects with information technology systems that collect, maintain, and/or disseminate "personally identifiable information" of the public. Personally identifiable information, or "personal information," is information that may be used to identify a specific person.

The Privacy Act and VA policy require that personally identifiable information only be used for the purpose(s) for which it was collected, unless consent (opt-in) is granted. Individuals must be provided an opportunity to provide consent for any secondary use of information, such as use of collected information for marketing.

### **Directions:**

VA 6508 is the directive which outlines the PIA requirement for every System/Application/Program.

If you find that you can't click on checkboxes, make sure that you are: 1) Not in "design mode" and 2) you have enabled macros.

PIA Website: [http://vawww.privacy.va.gov/Privacy\\_Impact\\_Assessments.asp](http://vawww.privacy.va.gov/Privacy_Impact_Assessments.asp)

### **Roles and Responsibilities:**

Roles and responsibilities for the specific process are clearly defined for all levels of staff in the VA Directive 6508 referenced in the procedure section of this document.

- a. The Privacy Officer is responsible for the overall coordination and review of the PIA to ensure compliance with VA Directive 6508.
- b. Records Officer is responsible for supplying records retention and deletion schedules.
- c. Information Technology (IT) staff responsible for the privacy of the system data will perform a PIA in accordance with VA Directive 6508 and to immediately report all anomalies to the Privacy Service and appropriate management chain.
- d. Information Security Officer (ISO) is responsible for assisting the Privacy Officer and providing information regarding security controls.
- e. The CIO is responsible for ensuring that the systems under his or her jurisdiction undergo a PIA. This responsibility includes identifying the IT systems; coordinating with the Privacy Officer, Information Security Officer, and others who have concerns about privacy and security issues; and reviewing and approving the PIA before submission to the Privacy Service.

### **Definition of PII (Personally Identifiable Information)**

Information in identifiable form that is collected and stored in the system that either directly identifies and individual by name, address, social security number, telephone number, e-mail address, biometric identifiers, photograph, or other unique numbers, codes or characteristics or combined, indirect identify an individual such as a combination of gender, race, birth date, geographical indicators, license number is also considered PII.

### **Macros Must Be Enabled on This Form**

**Microsoft Office 2003:** To enable macros, go to: 1) Tools > Macros > Security - Set to Medium; 2) Click OK; 3) Close the file and when reopening click on Enable Macros at the prompt.

**Microsoft Office 2007:** To enable macros, go to: 1) Office Button > Prepare > Excel Options > Trust Center > Trust Center Settings > Macro Settings > Enable

All Macros; 2) Click OK

**Final Signatures**

Final Signatures are digitally signed or wet signatures on a case by case basis. All signatures should be done when all modifications have been approved by the VA Privacy Service and the reviewer has indicated that the signature is all that is necessary to obtain approval.

**Privacy Impact Assessment Uploaded into SMART**

Privacy Impact Assessments should be uploaded into C&A section of SMART.

All PIA Validation Letters should be emailed to [christina.pettit@va.gov](mailto:christina.pettit@va.gov) to received full credit for submission.

## (FY 2011) PIA: System Identification

Program or System Name: CDCO > AITC > VHA > Essence  
 OMB Unique System / Application / Program Identifier (AKA: UPID #): none in SMART

Description of System/ Application/ Program: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (Essence) application is a VHA project, which takes sanitized HL7 AmbCare data from all the VAMC's, processes it, and displays it on a map of the US. It is to be used to back up the Homeland Security Department's Biohazard program. This information is then made available for display through a web interface.

Facility Name: Austin Information Technology Center (AITC)

Title:	Name:	Phone:	Email:
Privacy Officer:	Amy Howe	512-326-6217	<a href="mailto:amy.howe1@va.gov">amy.howe1@va.gov</a>
Information Security Officer:	Charles Aponte	512-326-6593	<a href="mailto:charles.aponte@va.gov">charles.aponte@va.gov</a>
System Owner/ Chief Information Officer:	John Rucker	512-326-6422	<a href="mailto:john.rucker@va.gov">john.rucker@va.gov</a>
Other Titles:			

Person Completing Document:

Other Titles:

Date of Last PIA Approved by VACO Privacy Services: (MM/YYYY) None

Date Approval To Operate Expires: N/A

What specific legal authorities authorize this program or system: Title 38, United States Code, Section 501

What is the expected number of individuals that will have their PII stored in this system: 20+ million

Identify what stage the System / Application / Program is at: Operations/Maintenance

The approximate date (MM/YYYY) the system will be operational (if in the Design or Development stage), or the approximate number of years the system/application/program has been in operation. In operation since 2004. ESE was part of a larger system called National Medical Information System (NMIS) - previous PIA was for ESE as it was part of NMIS

Is there an authorized change control process which documents any changes to existing applications or systems? Yes

If No, please explain:

Has a PIA been completed within the last three years? No

Date of Report (MM/YYYY): 02/2011

**Please check the appropriate boxes and continue to the next TAB and complete the remaining questions on this form.**

- Have any changes been made to the system since the last PIA?
- Is this a PIV system/application/program collecting PII data from Federal employees, contractors, or others performing work for the VA?
- Will this system/application/program retrieve information on the basis of name, unique identifier, symbol, or other PII data?

- Will this system/application/program retrieve information on the basis of name, unique identifier, symbol, or other PII data?
- Does this system/application/program collect, store or disseminate PII/PHI data?
- Does this system/application/program collect, store or disseminate the SSN?

**If there is no Personally Identifiable Information on your system , please complete TAB 7 & TAB 12. ( See Comment for Definition of PII)**

### (FY 2011) PIA: System of Records

Is the data maintained under one or more approved System(s) of Records? If the answer above no, please skip to row 15.

No

For each applicable System(s) of Records, list:

1. All System of Record Identifier(s) (number):
2. Name of the System of Records:
3. Location where the specific applicable System of Records Notice may be accessed (include the URL):

Have you read, and will the application, system, or program comply with, all data management practices in the System of Records Notice(s)?

N/A

Does the System of Records Notice require modification or updating?

N/A

***(Please Select Yes/No)***

Is PII collected by paper methods?

No

Is PII collected by verbal methods?

No

Is PII collected by automated methods?

No

Is a Privacy notice provided?

No

Proximity and Timing: Is the privacy notice provided at the time of data collection?

No

Purpose: Does the privacy notice describe the principal purpose(s) for which the information will be used?

No

Authority: Does the privacy notice specify the effects of providing information on a voluntary basis?

No

Disclosures: Does the privacy notice specify routine use(s) that may be made of the information?

No

**(FY 2011) PIA: Notice**

Please fill in each column for the data types selected.

<b>Data Type</b>	<b>Collection Method</b>	<b>What will the subjects be told about the information collection?</b>	<b>How is this message conveyed to them?</b>	<b>How is a privacy notice provided?</b>
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	VA File Database	N/A - Information is system generated through internal data collection	N/A	N/A
Family Relation (spouse, children, parents, grandparents, etc)	N/A			
Service Information	N/A			
Medical Information	VA File Database	N/A - Information is system generated through internal data collection	N/A	N/A
Criminal Record Information	N/A			
Guardian Information	N/A			
Education Information	N/A			
Benefit Information	N/A			
Other (Explain)	N/A			

<b>Data Type</b>	<b>Is Data Type Stored on your system?</b>	<b>Source</b> (If requested, identify the specific file, entity and/or name of agency)	<b>Is data collection Mandatory or Voluntary?</b>	<b>Additional Comments</b>
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	Yes	VA Files / Databases (Identify file)	Mandatory	Data is collected from files

Family Relation (spouse, children, parents, grandparents, etc)	No			
Service Information	No			
Medical Information	Yes	VA Files / Databases (Identify file)	Mandatory	Data is collected from files
Criminal Record Information	No			
Guardian Information	No			
Education Information	No			
Benefit Information	No			
Other (Explain)				
Other (Explain)				
Other (Explain)				

(FY 2011) PIA: Data Sharing

Organization	Name of Agency/Organization	Do they access this system?	Identify the type of Data Sharing and its purpose.	Is PII or PHI Shared?	What is the procedure you reference for the release of information?
Internal Sharing: VA Organization	VHA	Yes	Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) has been in the VA network since 2004. ESSENCE performs electronic biosurveillance on VHA data in order to monitor influenza, and other emerging infectious diseases or syndromes associated with natural and/or bioterrorist activity. It is intended for use by local healthcare practitioners, as well as for the Office of Public health Surveillance and research epidemiologists and scientists to inform national decision makers.	Both PII & PHI	VA Directive 6550
Other Veteran Organization					

Other Federal Government Agency	Homeland Security	Yes	Essence application backs up the Homeland Security Departments Biohazard detectors throughout the United States and applies statistical algorithms and filters that provide color-coded indications of normal or abnormal clusters of disease instances. This data is also sent to Palo Alto who assists with Homeland Security Departments Biohazard Program.
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N/A

- State Government Agency
- Local Government Agency
- Research Entity
- Other Project / System
- Other Project / System
- Other Project / System

**(FY 2011) PIA: Access to Records**

Does the system gather information from another system?	Yes	
Please enter the name of the system:		VistA
Per responses in Tab 4, does the system gather information from an individual?	No	
If information is gathered from an individual, is the information provided:	<input type="checkbox"/> Through a Written Request <input type="checkbox"/> Submitted in Person <input type="checkbox"/> Online via Electronic Form	
Is there a contingency plan in place to process information when the system is down?	Yes	

**(FY 2011) PIA: Secondary Use**

Will PII data be included with any secondary use request?

No

- Drug/Alcohol Counseling
- Mental Health
- HIV

if yes, please check all that apply:

- Research
- Sickle Cell
- Other (Please Explain)

Describe process for authorizing access to this data.

Answer:

## (FY 2011) PIA: Program Level Questions

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Does this PIA form contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?

No

If Yes, Please Specify:

Explain how collected data are limited to required elements:

Answer: Data is collected in an automated process by authorized personnel who have the need to know and have been properly cleared in accordance with VA security policies.

How is data checked for completeness?

Answer: Data enters ESE through an HL7 extract file provided VistA System within VHA. Duplicate data and invalid data are deleted and placed into the "Raw Data Extracts Database". Provision is made fo automatic notification of system errors.

What steps or procedures are taken to ensure the data remains current and not out of date?

Answer: VistA extrac files are updated daily.

How is new data verified for relevance, authenticity and accuracy?

Answer: Data enters ESE through an HL7 extract file provided by VistA System within VHA. Duplicate data and invalid data are deleted and placed into the "Raw Data Extracts Database". Provision is made fo automatic notification of system errors.

*Additional Information: (Provide any necessary clarifying information or additional explanation for this section.)*

Answer:

## (FY 2011) PIA: Retention & Disposal

What is the data retention period?

Answer: The retention process for ESE's source data is based upon the Department of Veterans Affairs Record Control Schedule 10-1, Revised June 28, 2006. Data will be retained until 3 years after last episode of care. It will then be converted to an archived system but will be retrievable if/when the patient returns for further treatment. Data in the archived system will be retained 75 years after the veteran's last episode of care.

Explain why the information is needed for the indicated retention period?

Answer: Department of Veterans Affairs Record Control Schedule 10-1, Revised June 28, 2006, specifies how long patient data will be maintained.

What are the procedures for eliminating data at the end of the retention period?

Answer: Source data for ESE will be purged 75 years after the veteran's last episode of care.

Where are these procedures documented?

Answer: VA HBK 6300.1, Records Management Procedures explains the Records Control Schedule procedures.

How are data retention procedures enforced?

Answer: VA Directive 6300, Records and Information Management contains the policies and responsibilities for VA's Records and Information Management program. VA Handbook 6300.1 , Records Management Procedures, contains mandatory procedures for the proper management of records effectively and efficiently throughout their life cycle. Neither the directive or handbook is a Records Control Schedule. Procedures are enforced by Records Management Staff and VA Records Officers.

Has the retention schedule been approved by the National Archives and Records Administration (NARA) Yes

*Additional Information: (Provide any necessary clarifying information or additional explanation for this section.)*

Answer:

### **(FY 2011) PIA: Children's Online Privacy Protection Act (COPPA)**

Will information be collected through the internet from children under age 13? No

If Yes, How will parental or guardian approval be obtained?

Answer:

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## (FY 2011) PIA: Security

Is the system/application/program following IT security Requirements and procedures required by federal law and policy to ensure that information is appropriately secured.	Yes
Has the system/application/program conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls..	Yes
Is security monitoring conducted on at <u>least</u> a quarterly basis to ensure that controls continue to work properly, safeguarding the information?	Yes
Is security testing conducted on at <u>least</u> a quarterly basis to ensure that controls continue to work properly, safeguarding the information?	Yes
Are performance evaluations conducted on at <u>least</u> a quarterly basis to ensure that controls continue to work properly, safeguarding the information?	Yes
If 'No' to any of the 3 questions above, please describe why: Answer:	
Is adequate physical security in place to protect against unauthorized access?	Yes
If 'No' please describe why: Answer:	

Explain how the project meets IT security requirements and procedures required by federal law.

Answer: Information stored in ESE may be accessed only by authorized VA and contract employees, such as database administrators, developers, and analysts. These employees must meet the appropriate security requirements in order to work on this project. The agency is following IT security requirements and procedures required by federal law and policy.

Explain what security risks were identified in the security assessment? *(Check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Conditioning Failure          | <input checked="" type="checkbox"/> Data Disclosure            | <input checked="" type="checkbox"/> Hardware Failure |
| <input type="checkbox"/> Chemical/Biological Contamination | <input type="checkbox"/> Data Integrity Loss                   | <input type="checkbox"/> Identity Theft              |
| <input type="checkbox"/> Blackmail                         | <input type="checkbox"/> Denial of Service Attacks             | <input type="checkbox"/> Malicious Code              |
| <input type="checkbox"/> Bomb Threats                      | <input type="checkbox"/> Earthquakes                           | <input type="checkbox"/> Power Loss                  |
| <input type="checkbox"/> Burglary/Break In/Robbery         | <input type="checkbox"/> Eavesdropping/Interception            | <input type="checkbox"/> Sabotage/Terrorism          |
| <input type="checkbox"/> Cold/Frost/Snow                   | <input type="checkbox"/> Errors (Configuration and Data Entry) | <input type="checkbox"/> Storms/Hurricanes           |
| <input type="checkbox"/> Communications Loss               | <input type="checkbox"/> Fire (False Alarm, Major, and Minor)  | <input type="checkbox"/> Substance Abuse             |
| <input type="checkbox"/> Computer Intrusion                | <input type="checkbox"/> Flooding/Water Damage                 | <input type="checkbox"/> Theft of Assets             |
| <input type="checkbox"/> Computer Misuse                   | <input type="checkbox"/> Fraud/Embezzlement                    | <input type="checkbox"/> Theft of Data               |
| <input checked="" type="checkbox"/> Data Destruction       |  | <input type="checkbox"/> Vandalism/Rioting           |

Answer: (Other Risks)

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Explain what security controls are being used to mitigate these risks. (Check all that apply)

- Access Control
- Contingency Planning
- Personnel Security
- Audit and Accountability
- Identification and Authentication
- Physical and Environmental Protection
- Awareness and Training
- Incident Response
- Risk Management
- Certification and Accreditation Security Assessments
- Configuration Management
- Media Protection

Answer: (Other Controls)

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## PIA: PIA Assessment

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Identify what choices were made regarding the project/system or collection of information as a result of performing the PIA.

Answer: None

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Availability Assessment: If the data being collected is not available to process for any reason what will the potential impact be upon the system or organization?  
**(Choose One)**

- The potential impact is **high** if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.
- The potential impact is **moderate** if the loss of availability could be expected to have a serious adverse effect on operations, assets or individuals.
- The potential impact is **low** if the loss of availability could be expected to have a limited adverse effect on operations, assets or individuals.

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Integrity Assessment: If the data being collected has been corrupted for any reason what will the potential impact be upon the system or organization?  
**(Choose One)**

- The potential impact is **high** if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.
- The potential impact is **moderate** if the loss of integrity could be expected to have a serious adverse effect on operations, assets or individuals.
- The potential impact is **low** if the loss of integrity could be expected to have a limited adverse effect on operations, assets or individuals.

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Confidentiality Assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization? **(Choose One)**

- The potential impact is **high** if the loss of confidentiality could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals.
- The potential impact is **moderate** if the loss of confidentiality could be expected to have a serious adverse effect on operations, assets or individuals.
- The potential impact is **low** if the loss of confidentiality could be expected to have a limited adverse effect on operations, assets or individuals.

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The controls are being considered for the project based on the selections from the previous assessments?

The minimum security requirements for our high impact system cover seventeen security-related areas with regard to protecting the confidentiality, integrity, and availability of VA information systems and the information processed, stored, and transmitted by those systems. The security-related areas include: access control; awareness and training; audit and accountability; certification, accreditation, and security assessments; configuration management; contingency planning; identification and authentication; incident response; maintenance; media protection; physical and environmental protection; planning; personnel security; risk assessment; systems and services acquisition; system and communications protection; and system and information integrity. Our facility employs all security controls in the respective high impact security control baseline unless specific exceptions have been allowed based on the tailoring guidance provided in NIST Special Publication 800-53 and specific VA directives.

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*Please add additional controls:*

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**(FY 2011) PIA: Additional Comments**

Add any additional comments or information that may have been left out for any question. Please indicate the question you are responding to and then add your comments.

## (FY 2011) PIA: VBA Minor Applications

<b>Which of these are sub-components of your system?</b>
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Access Manager Actuarial Appraisal System ASSISTS Awards Awards Baker System Bbraun (CP Hemo) BDN Payment History BIRLS C&P Payment System C&P Training Website CONDO PUD Builder Corporate Database Data Warehouse EndoSoft FOCAS Inforce INS - BIRLS Insurance Online Insurance Self Service LGY Home Loans LGY Processing Mobilization Montgomery GI Bill MUSE Omnicell Priv Plus RAI/MDS Right Now Web SAHSHA Script Pro SHARE SHARE SHARE Sidexis Synquest	Automated Sales Reporting (ASR) BCMA Contingency Machines Benefits Delivery Network (BDN) Centralized Property Tracking System Common Security User Manager (CSUM) Compensation and Pension (C&P) Control of Veterans Records (COVERS) Control of Veterans Records (COVERS) Control of Veterans Records (COVERS) Courseware Delivery System (CDS) Dental Records Manager Education Training Website Electronic Appraisal System Electronic Card System (ECS) Electronic Payroll Deduction (EPD) Eligibility Verification Report (EVR) Fiduciary Beneficiary System (FBS) Fiduciary STAR Case Review Financial and Accounting System (FAS) Insurance Unclaimed Liabilities Inventory Management System (IMS) LGY Centralized Fax System Loan Service and Claims Loan Guaranty Training Website Master Veterans Record (MVR) Mental Health Asisstant National Silent Monitoring (NSM) Powerscribe Dictation System Rating Board Automation 2000 (RBA2000) Rating Board Automation 2000 (RBA2000) Rating Board Automation 2000 (RBA2000) Records Locator System Review of Quality (ROQ) Search Participant Profile (SPP) Spinal Bifida Program Ch 18 State Benefits Reference System State of Case/Supplemental (SOC/SSOC)	Automated Folder Processing System (AFPS) Automated Medical Information Exchange II (AIME II) Automated Medical Information System (AMIS)290 Automated Standardized Performace Elements Nationwide (ASPEN) Centralized Accounts Receivable System (CARS) Committee on Waivers and Compromises (COWC) Compensation and Pension (C&P) Record Interchange (CAPRI) Compensation & Pension Training Website Corporate Waco, Indianapolis, Newark, Roanoke, Seattle (Corporate WINRS) Distribution of Operational Resources (DOOR) Educational Assistance for Members of the Selected Reserve Program CH 1606 Electronic Performance Support System (EPSS) Enterprise Wireless Messaging System (Blackberry) Financial Management Information System (FMI) Hearing Officer Letters and Reports System (HOLAR) Inquiry Routing Information System (IRIS) Modern Awards Process Development (MAP-D) Personnel and Accounting Integrated Data and Fee Basis (PAID) Personal Computer Generated Letters (PCGL) Personnel Information Exchange System (PIES) Personnel Information Exchange System (PIES) Post Vietnam Era educational Program (VEAP) CH 32 Purchase Order Management System (POMS) Reinstatement Entitelment Program for Survivors (REAPS) Reserve Educational Assistance Program CH 1607 Service Member Records Tracking System Survivors and Dependents Education Assistance CH 35 Systematic Technical Accuracy Review (STAR) Training and Performance Support System (TPSS) VA Online Certification of Enrollment (VA-ONCE) VA Reserve Educational Assistance Program Veterans Appeals Control and Locator System (VACOLS) Veterans Assistance Discharge System (VADS) Veterans Exam Request Info System (VERIS) Veterans Service Representative (VSR) Advisor Vocational Rehabilitation & Employment (VR&E) CH 31 Waco Indianapolis, Newark, Roanoke, Seattle (WINRS)
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VBA Data Warehouse  
VBA Training Academy  
Veterans Canteen Web  
VIC  
VR&E Training Website  
Web LGY

Telecare Record Manager  
VBA Enterprise Messaging System  
Veterans On-Line Applications (VONAPP)  
Veterans Service Network (VETSNET)  
Web Electronic Lender Identification

Web Automated Folder Processing System (WAFPS)  
Web Automated Reference Material System (WARMS)  
Web Automated Verification of Enrollment  
Web-Enabled Approval Management System (WEAMS)  
Web Service Medical Records (WebSMR)  
Work Study Management System (WSMS)

Explain any minor application that are associated with your installation that does not appear in the list above. Please provide name, brief description, and any comments you may wish to include.

Name
Description
Comments
Is PII collected by this min or application?
Does this minor application store PII?
If yes, where?
Who has access to this data?

Name
Description
Comments
Is PII collected by this min or application?
Does this minor application store PII?
If yes, where?
Who has access to this data?

Name
Description
Comments
Is PII collected by this min or application?
Does this minor application store PII?
If yes, where?
Who has access to this data?

(FY 2011) PIA: VISTA Minor Applications

**Which of these are sub-components of your system?**

ASISTS	Beneficiary Travel	Accounts Receivable	Adverse Reaction Tracking
Bed Control	Care Management	ADP Planning (PlanMan)	Authorization/ Subscription
CAPRI	Care Tracker	Bad Code Med Admin	Auto Replenishment/ Ward Stock
CMOP	Clinical Reminders	Clinical Case Registries	Automated Info Collection Sys
Dental	CPT/ HCPCS Codes	Clinical Procedures	Automated Lab Instruments
Dietetics	DRG Grouper	Consult/ Request Tracking	Automated Med Info Exchange
Fee Basis	DSS Extracts	Controlled Substances	Capacity Management - RUM
GRECC	Education Tracking	Credentials Tracking	Capacity Management Tools
HINQ	Engineering	Discharge Summary	Clinical Info Resource Network
IFCAP	Event Capture	Drug Accountability	Clinical Monitoring System
Imaging	Extensible Editor	EEO Complaint Tracking	Enrollment Application System
Kernal	Health Summary	Electronic Signature	Equipment/ Turn-in Request
Kids	Incident Reporting	Event Driven Reporting	Gen. Med.Rec. - Generator
Lab Service	Intake/ Output	External Peer Review	Health Data and Informatics
Letterman	Integrated Billing	Functional Independence	ICR - Immunology Case Registry
Library	Lexicon Utility	Gen. Med. Rec. - I/O	Income Verification Match
Mailman	List Manager	Gen. Med. Rec. - Vitals	Incomplete Records Tracking
Medicine	Mental Health	Generic Code Sheet	Interim Mangement Support
MICOM	MyHealthEVet	Health Level Seven	Master Patient Index VistA
NDBI	National Drug File	Hospital Based Home Care	Missing Patient Reg (Original) A4EL
NOIS	Nursing Service	Inpatient Medications	Order Entry/ Results Reporting
Oncology	Occurrence Screen	Integrated Patient Funds	PCE Patient Care Encounter
PAID	Patch Module	MCCR National Database	Pharmacy Benefits Mangement
Prosthetics	Patient Feedback	Minimal Patient Dataset	Pharmacy Data Management
QUASER	Police & Security	National Laboratory Test	Pharmacy National Database
RPC Broker	Problem List	Network Health Exchange	Pharmacy Prescription Practice
SAGG	Progress Notes	Outpatient Pharmacy	Quality Assurance Integration
Scheduling	Record Tracking	Patient Data Exchange	Quality Improvement Checklist
Social Work	Registration	Patient Representative	Radiology/ Nuclear Medicine
Surgery	Run Time Library	PCE Patient/ HIS Subset	Release of Information - DSSI
Toolkit	Survey Generator	Security Suite Utility Pack	Remote Order/ Entry System
Unwinder	Utilization Review	Shift Change Handoff Tool	Utility Management Rollup
VA Fileman	Visit Tracking	Spinal Cord Dysfunction	CA Verified Components - DSSI
VBECS	VistALink Security	Text Integration Utilities	Vendor - Document Storage Sys
VDEF	Women's Health	VHS & RA Tracking System	Visual Impairment Service Team ANRV
VistALink		Voluntary Timekeeping	Voluntary Timekeeping National

Explain any minor application that are associated with your installation that does not appear in the list above. Please provide name, brief description, and any comments you may wish to include.

Name
Description
Comments
Is PII collected by this minor application?
Does this minor application store PII?
If yes, where?
Who has access to this data?

Name
Description
Comments
Is PII collected by this minor application?
Does this minor application store PII?
If yes, where?
Who has access to this data?

Name
Description
Comments
Is PII collected by this minor application?
Does this minor application store PII?
If yes, where?
Who has access to this data?

(FY 2011) PIA: Minor Applications

**Which of these are sub-components of your system?**

1184 Web	ENDSOFT	RAFT
A4P	Enterprise Terminology Server & VHA Enterprise Terminology Services	RALS

## (FY 2011) PIA: Final Signatures

Facility Name: CDCO > AITC > VHA > Essence

Title:	Name:	Phone:	Email:
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Privacy Officer:	Amy Howe	512-326-6217	amy.howe1@va.gov
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Digital Signature Block
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Information Security Officer:	Charles Aponte	512-326-6593	charles.aponte@va.gov
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System Owner/ Chief Information Officer:	John Rucker	512-326-6422	john.rucker@va.gov
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Other Titles:	0	0	0
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Date of Report: 02/2011

OMB Unique Project Identifier: none in SMART

Project Name: CDCO > AITC > VHA > Essence

(FY 2011) PIA: Final Signatures

Facility Name: AITC

Title:	Name:	Phone:	Email:
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Privacy Officer:	Amy Howe	512-326-6217	<a href="mailto:Amy.Howe1@va.gov">Amy.Howe1@va.gov</a>
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Information Security Officer:

Digital Signature Block

System Owner/Chief Information Officer:	John Rucker	512-326-6422	<a href="mailto:John.Rucker@va.gov">John.Rucker@va.gov</a>
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Information Owner:

Digital Signature Block

Other Titles:

Digital Signature Block

Date of Report:  
OMB Unique Project Identifier  
Project Name